

EXTENSION SITE APPROVAL UNDER MEDICARE

ATTACH THE FOLLOWING DOCUMENTS TO THIS CHECK-LIST AND SUBMIT TO THE STATE SURVEY AGENCY:

- _____ 1. An explanation of services rendered and available from the extension location, and whether the services are provided directly by agency employees or under a written contract. (Include specific modalities available.)
- _____ 2. An explanation of how the primary site will provide administration and supervision to the extension site.
- _____ 3. An organizational chart that includes lines of authority and control between the primary site and the extension site.
- _____ 4. The distance in road miles from the primary site to the extension site.
- _____ 5. A list of all persons working at the location, the job function of each, and documentation of the qualifications of each professional worker.
- _____ 6. A list of all contracts in effect and applicable to the extension location, including but not limited to social workers, vocational counselors, physical therapists, occupational therapists, speech pathologists, linen services, pest control, and housekeeping services.
- _____ 7. The name and address of the physician who is available to the extension site to furnish necessary medical care in the event of emergency.
- _____ 8. The hours of operation and a schedule of the professional staff who will be working during the operating hours.
- _____ 9. A letterhead certification from the agency's administrator that agency policies and procedures are in effect and a copy of such are on site at the extension location.
- _____ 10. An explanation of the manner in which the agency's Infection Control Committee monitors the extension site operation.
- _____ 11. An inventory of patient care equipment that is available and on-site for use at the extension location, signed and dated by the agency administrator.
- _____ 12. Evidence of approval of the building by the local fire authority.
- _____ 13. An explanation of how the primary site ensures that the records of the patients who receive services at the extension site are maintained, accessible, protected, and centralized at the primary site.
- _____ 14. An explanation of how the primary site ensures that the records of patients receiving services at the extension site are included in the sample of records reviewed in its program evaluation.
- _____ 15. An explanation of how agency's qualified staff determines and documents whether

the patient's illness or injury indicates the need for social or vocational adjustment services.

____ 16. The date the first Medicare patient was treated.

Submitted

Date: _____

by: _____

(Name and Title of

Authorized Official)